



APPLICATION FOR PERMIT

TO APPROPRIATE PUBLIC WATERS OF THE STATE OF WASHINGTON

I have examined this application
as required by SEPA and find that
it is: ☐ not an "action".

☐ SURFACE WATER

☒ GROUND WATER

RECEIVED

DEC 01 1992

DEPT. OF ECOLOGY

☒ categorically exempt.

\$10.00 MINIMUM STATUTORY EXAMINATION FEE REQUIRED WITH APPLICATION

(GRAY BOXES FOR OFFICE USE ONLY)

DATE

SIGNATURE

12/4/92

Phila Baker

APPLICATION NO.	W.R.I.A.	COUNTY	PRIORITY DATE	TIME	ACCEPTED
61-26814	15	KITSAP	12-1-92		AB

APPLICANT'S NAME - PLEASE PRINT	Bus. Tel.
WILL ENGLAND Assistant Manager (Indianola Wood Water System)	297-2812
	Home Tel.
	Other Tel.

ADDRESS (STREET)	(CITY)	(STATE)	(ZIP CODE)
P O BOX 370	INDIANOLA	WA	98342

DATE & PLACE OF INCORPORATION IF APPLICANT IS A CORPORATION	
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1. SOURCE OF SUPPLY	
IF SURFACE WATER	IF GROUND WATER
SOURCE (NAME OF STREAM, LAKE, SPRING, ETC.) (IF UNNAMED, SO STATE)	SOURCE (WELL, TUNNEL, INFILTRATION TRENCH, ETC.)
	WELL
TRIBUTARY	SIZE AND DEPTH
	6"/214'

USE
USE TO WHICH WATER IS TO BE APPLIED (DOMESTIC SUPPLY, IRRIGATION, MINING, MANUFACTURING, ETC.)

DOMESTIC RESIDENTIAL SUPPLY FOR 8 HOMES

ENTER QUANTITY OF WATER REQUESTED USING UNITS OF:	CUBIC FEET PER SECOND (CFS)	OR	GALLONS PER MINUTE (GPM)	ACRE FEET PER YEAR
			4.44 GPM*	

PERIODS DURING YEAR WATER WILL BE REQUIRED
CONTINUOUS

IF IRRIGATION, NUMBER OF ACRES	IF DOMESTIC USE, NUMBER OF UNITS BY TYPE, E.G. 1-HOME, 1-MOBILE HOME, 2-CAMPSITES, ETC.	IF MUNICIPAL USE, ESTIMATED POPULATION 20 YEARS FROM TODAY
	8 SINGLE-FAMILY HOMES	

DATE PROJECT WAS OR WILL BE STARTED	DATE PROJECT WAS OR WILL BE COMPLETED
7/25/90	10/92

3. LOCATION OF POINT OF DIVERSION/WITHDRAWAL

A. IF IN PLATTED PROPERTY			
LOT	BLOCK	OF (GIVE NAME OF PLAT OR ADDITION)	SECTION TOWN RANGE
C		SHORT PLAT 5404	10 26 2E

ALSO, PLEASE ENCLOSE A COPY OF THE PLAT AND MARK THE POINT(S) OF WITHDRAWAL OR DIVERSION

B. IF NOT IN PLATTED PROPERTY			
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ON ACCOMPANYING SECTION MAPS, ACCURATELY MARK AND IDENTIFY EACH POINT OF DIVERSION. SHOW NORTH-SOUTH AND EAST-WEST DISTANCES FROM NEAREST SECTION CORNER OR PROPERTY CORNER.

ALSO, ENTER BELOW THE DISTANCES FROM THE NEAREST SECTION OR PROPERTY CORNER TO THE DIVERSION OR WITHDRAWAL.

LOCATED WITHIN (SMALLEST LEGAL SUBDIVISION)	SECTION	TOWNSHIP N.	RANGE (E. OR W.) W.M.	COUNTY

4. DO YOU OWN THE LAND ON WHICH THIS SOURCE IS LOCATED. IF NOT, INSERT NAME & ADDRESS OF OWNER
MICHAEL J. VELLA 21438 MARBLE LANE NE INDIANOLA, WA 98342 297-3040

5. LEGAL DESCRIPTION OF PROPERTY ON WHICH WATER IS TO BE USED

ATTACH A COPY OF THE LEGAL DESCRIPTION OF THE PROPERTY (ON WHICH THE WATER WILL BE USED) TAKEN FROM A REAL ESTATE CONTRACT, PROPERTY DEED OR TITLE INSURANCE POLICY. OR, COPY CAREFULLY IN THE SPACE BELOW.

LOTS A, B, C, D SHORT PLAT 5362 RECORDED UNDER AUDITOR'S FILE #9010190234
LOTS A, B, C, D SHORT PLAT 5404 RECORDED UNDER AUDITOR'S FILE #9012050203
KITSAP COUNTY

APPLICATION

WATER SYSTEM ASSISTANT MANAGER/HOMEOWNER

ARE THERE ANY EXISTING WATER RIGHTS RELATED TO THE LAND ON WHICH THE WATER IS TO BE USED (INCLUDING WATER PROVIDED BY IRRIGATION DISTRICTS OR DITCH COMPANIES.)

☐ YES

☒ NO

IF YES, FROM WHAT SOURCE (i.e. SURFACE OR GROUND WATER) AND UNDER WHAT AUTHORITY

6. DESCRIPTION OF SYSTEM PROPOSED OR INSTALLED

(FOR EXAMPLE: SIZE OF PUMP, CAPACITY OF PUMP, PUMP MOTOR HORSE POWER, PIPE DIAMETER, NUMBER OF SPRINKLERS, ETC.)

SEE ATTACHED FOR SPECIFIC DESIGN

REMARKS

7. *GPM IS BASED ON MAXIMUM ANTICIPATED USE OF 800 GALLONS PER DAY PER UNIT
AS SPECIFIED PER ENGINEER.

800 Gallons x 8 Units = 6400 Gallons Per day ÷ 1440 (60 x 24) = 4.44 GPM

IF 10 ACRE-FEET OR MORE OF WATER IS TO BE STORED AND/OR IF THE WATER DEPTH WILL BE 10 FEET OR MORE AT THE DEEPEST POINT, A STORAGE PERMIT MUST BE FILED IN ADDITION TO THIS PERMIT. THESE FORMS CAN BE SECURED, TOGETHER WITH INSTRUCTIONS, FROM THE DEPARTMENT OF ECOLOGY.

SIGNATURES

Michael J. Vella

LEGAL LANDOWNERS NAME
(PLEASE PRINT)

W T England
APPLICANT'S SIGNATURE

LEGAL LANDOWNER'S SIGNATURE (OWNER OF PROPERTY
DESCRIBED IN ITEM NUMBER 5)

21438 HARBLE LAKE INDIANOLA WA 98341

LEGAL LANDOWNER'S ADDRESS

FOR OFFICE USE ONLY

STATE OF WASHINGTON

DEPARTMENT OF ECOLOGY

SS.

This is to certify that I have examined this application together with the accompanying maps and data, and am returning it for correction or completion as follows:

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In order to retain its priority date, this application must be returned to the Department of Ecology, with corrections, on or before....., 19.....

Witness my hand this.....day of....., 19.....